STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968609	R **07/19/2018**
NAME OF PROVIDER OR SUPPLIER **ASHLEY MANOR INC**	STREET ADDRESS, CITY, STATE, ZIP CODE **3815 NW 10TH STREET** **DELRAY BEACH, FL 33445**	

SUMMARY STATEMENT OF DEFICIENCIES
(FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)

0000 - Initial Comments

A Relicensure revisit survey was conducted by desk review on for Ashley Manor, Inc, License #12499. The facility had an uncorrected deficiency at the time of the desk review.

0181 - Emergency Plan Approval - 58A-5.026(2) FAC

Based on interview the facility failed to provide evidence of the facility's Comprehensive Emergency Management Plan (CEMP) submitted for review and approved by the local emergency management agency.

The findings included:

On , the facility Comprehensive Emergency Management Plan (CEMP) was requested. The Administrator stated the facility submitted the CEMP for approval but has not received an approval letter.

On at 3:30PM, during a telephone interview with the representative for the Administrator, she acknowledged the facility does not have a approved CEMP on file.

Class III

Uncorrected